

Mainstreaming Disability into Disaster Risk Reduction

ICBDRM training for national level DRM actors

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Presentation by:

Dul Raj Chimariya

Presentation includes

- **Concepts of mainstreaming**
- **Why to mainstream Disability into DRR?**
- **Principles of Inclusion**
- **National and international normative frameworks**
- **Disability Model**
- **Approach to mainstreaming Disability into DRR**
- **Some examples of replicable good practices**
- **Conclusion**

What is mainstreaming ?

- A process rather than an end goal that consists of bringing an issue that may be seen as marginal into the core business of the organisation. The end goal is sustainable development without risks.
- A process of bringing the marginalized groups/issues into the core business. After being mainstreamed, the marginalized groups / issues should be able to participate on an equal basis in the core business.
- An approach to include a specific issue (gender, disability, DRM) in the different aspects (social, legal, political, economic) of an organism (community, country, NGOs)

Why to include disability into DRR?

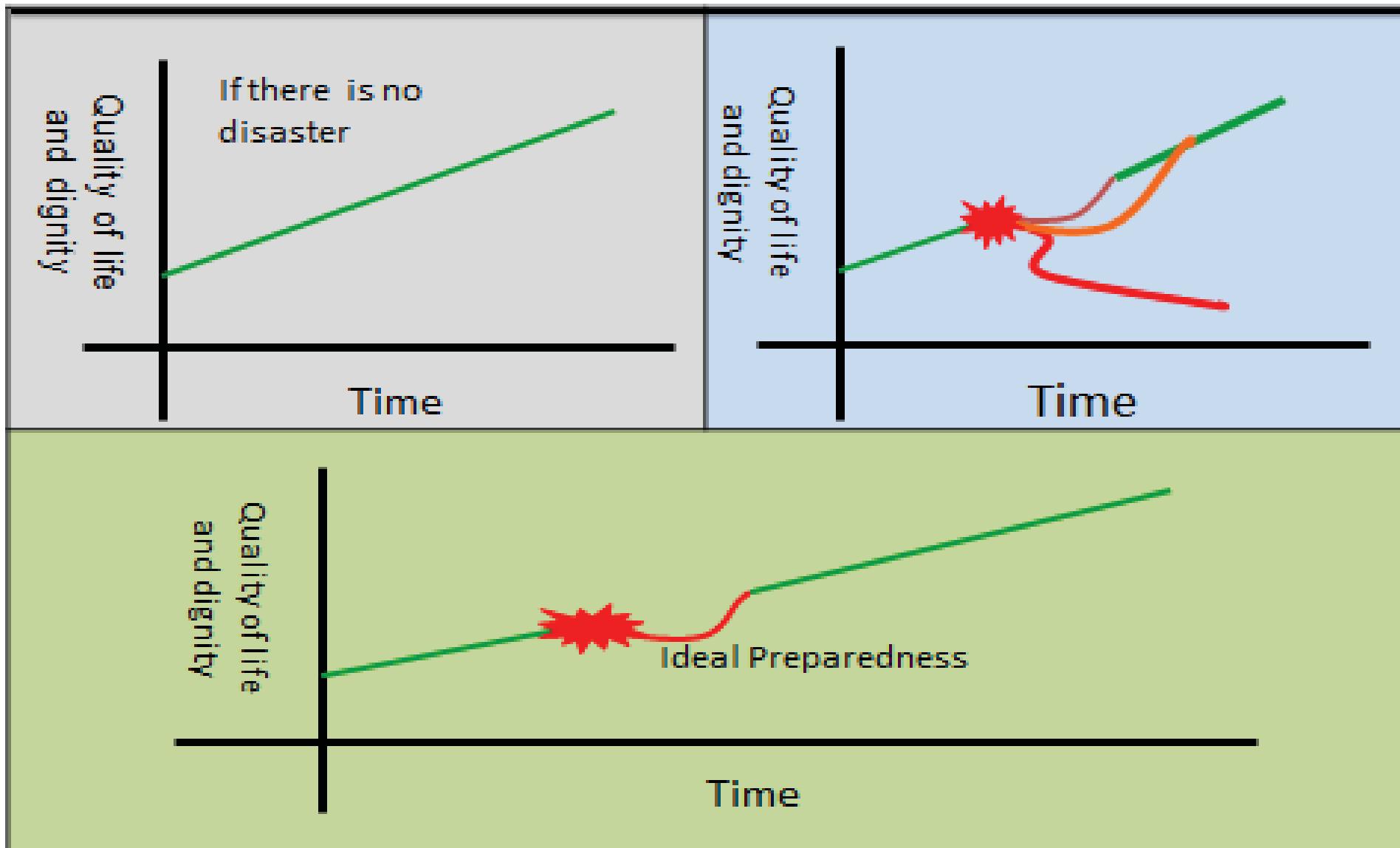
1. **Discrimination and barriers:** Nature does not dictate that persons with disabilities should be first to die during disaster. Gender based discrimination and social and environmental barriers their vulnerabilities.
2. **Disability and poverty:** Poverty is both cause and consequences of disability and vice – versa. Persons with disabilities and women, being poor, live in the area which is exposed to hazards in poor quality shelters, have less capacities to cope with disasters.
3. **Disability and disasters:** Persons with disabilities are more vulnerable in disasters due to their impairment, existing barriers and their socio-economic situation.

Why to include.....

4. **Disasters create** new impairments / disability.
5. **Persons with disabilities** tend to be invisible in disasters.
6. **Exclusion** of persons with disabilities in DRR interventions is putting new barriers for them and not letting them participate in development processes.
7. **Human rights** are universal, indivisible and equal for all. Persons with disabilities have the same human rights as anyone else. However, they are often denied these rights. The right to live, the right for shelter etc. are human rights equal for everybody.
8. **Life** saving ratio is 1:3 to 1:5
9. **Disaster Risk** =
$$\frac{\text{Hazard X Vulnerability}}{\text{Capacity}}$$

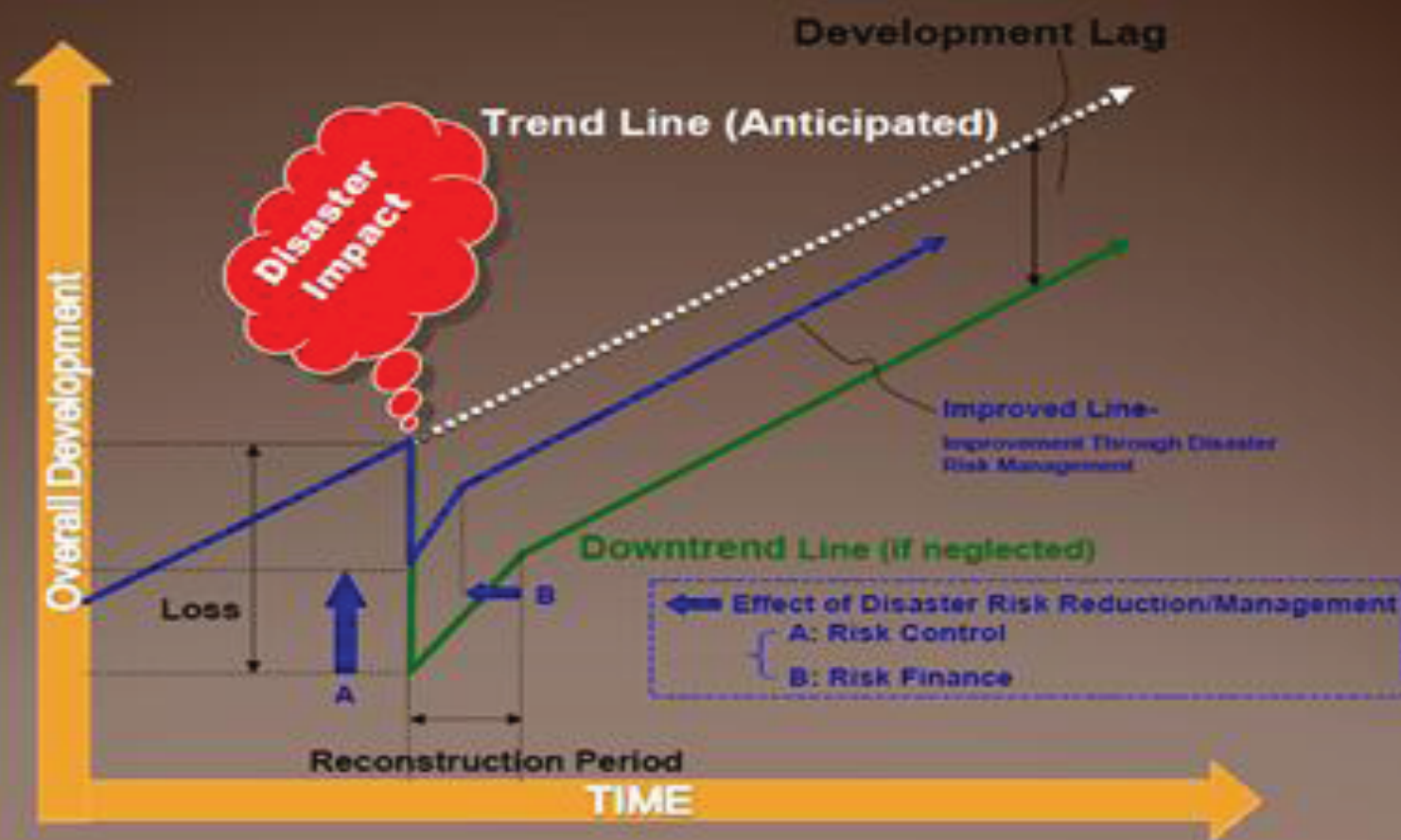


Disaster and social exclusion





Disaster and social exclusion





International Frameworks for Disability and DRR

UNCRPD Article 11: State parties shall take, in accordance with their obligation under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situation of risks, including situations of armed conflict, humanitarian emergence and occurrence of natural disasters.

UNISDR: HFA: Priorities for Action 4- Reduce the underlying Risk factor (g) Strengthen the implementation of social safety net mechanisms to assist the poor, the elderly and the disabled and other population affected by disaster.

Biwako Millennium Framework (2002) Strategy 23: Disability inclusive disaster management should be promoted. Disability perspective should be included in the policies and practices in the area, including HFA.



National Frameworks for Disability and DRR

NSDRM 2009: Priority Action 4: Strategic Activity 21: Develop and implement, on a priority basis, special DRR programmes for the most vulnerable segments of the society - the marginalized and Dalit groups; women; **the handicapped**; disadvantaged groups, children and the elderly.

Guidance Note on DPRP (2011): Planning Process 5.4 (xiv) : While analyzing root cause of natural disaster, vulnerability assessment, capacity development and resource mobilization, it is key to consider the needs and capacities of persons with disabilities. The humanitarian partners including cluster members need to ensure an active participation of ... persons with disabilities in planning, implementation and monitoring of the preparedness as well as response activities.

LDRMP guideline (2011): Ensures participation of persons with disabilities in all aspects of community based DRM interventions.

1st principle of inclusion: **REPRESENTATION & PARTICIPATION** for an inclusive **DECISION-MAKING**

- *In First Preparedness Meeting Participation*
- *In District Disaster Relief Committee*
- *In VDC level Flood Response Committees*
 - ✓ Disabled concern groups
 - ✓ Women's associations
 - ✓ HIV/AIDS support groups
 - ✓ Youth clubs
 - ✓ Specific social groups associations
 - ✓ etc.





2nd Principle of inclusion : DISAGGREGATED DATA BY SEX, AGE AND SPECIFIC CONDITION



Population Estimation for Minimum Preparedness	% of Pop.(use dist.% indicators if available)	Total affected population			Total displaced population		
		Male	Female	Total	Male	Female	Total
Total Affected Population				100,000			
# of households	Av 6/ h			16,700			
Women in reproductive age	25%			25,000			
#elderly people, Population above 60 years of age							
# children up to 19 years	46%			46,000			
Adolescent 10-19 yrs	22%			22,000			
# of pregnant disable women							
#persons experiencing severe social stigma (e.g. Dalit), detainees							
#extremely poor people,							
#people with pre-existing, severe physical, neurological or mental disabilities or disorders,							
#persons suffering from chronic illness							
HIV/AIDS infected population							
# pregnant and breastfeeding women	5%			5,000			
# Pregnant women	2.3%			2,300			
Estimated # of deliveries/months	0.25%			250			
Estimated # of infants/months	0.25%			250			
Expected # of women with EOC/months	0.038%			38			
Expected # of infants with complications/ month	0.025%			25			
#children 6-9 years	11%			11,000			
#children U5	13%			13,000			
# children 6-11 months	1%			1,000			
# children12-23 months	3%			3,000			
#children 24-59 months	8%			8,000			
#children 6-59 months	12%			12,000			
Malnourished children 6-59 months (GAM)	13%			1560			
Moderately acute malnourished 6-59 months	10%			1200			
Severely malnourished children 6-59 mnths	3%			360			

-In district reports

-In district demographic information

-In community mapping, etc.



3rd Principle of inclusion: INFORMATION TO ALL

Public Information Campaign: if we want to reach ALL the public, messages may need to be passed in more than a single way to reach children, persons with hearing, visual or intellectual impairments, using diverse channels by representative civil society groups: HIV/AIDS support groups, Disabled Concern Groups, Women's associations, Dalit groups, etc.



4th Principle of inclusion: **IDENTIFICATION AND ADDRESS OF SPECIFIC NEEDS**

- ❖ In identification of shelter/assistive devices
- ❖ In the study of needs assessment and analysis
- ❖ In preparedness, response mechanism





Disability Model

Charity Model	Medical Model	Social Model	Right based Model
Early 20 th century	Mid-20 th century	Late 20 th century	21 st century
PwDs seen as suffering people to be cared for	Disability seen as direct result of personal impairment problem of the individual directly caused by disease, trauma or other health conditions.	Disability seen as the result of limitation imposed by environmental barriers. The problems is placed on discrimination and exclusion coming from the society	Disability is seen as denial of human rights. Unequal opportunity to participate in society and unequal access to service
Whatever is done for PwDs is done out of charity.	Solutions are designed by medical experts on the basis of medical diagnosis	Removal of barriers linked to physical, attitudinal and information and communication	Empower PwDs and to guarantee their rights to equal and active participation in socio-economic, cultural and political activities and equal access to service



Disability Model

**HANDICAP
INTERNATIONAL**

Model	Charity Model	Medical Model	Social Model	Right based Model
Dignity	Low			High
Dependency	High			Low
Sustainability	Low			High
Inclusion	Low			High



Approach to mainstreaming Disability into DRR

The Twin Track Approach to Disability

Personnel Factor

Specialized Services

- Therapy (Physiotherapy, Occupational Therapy, prosthetic and orthotic service)
- Rehabilitation
- Aids and Equipment
- Assistive devices
- Sign Language interpreter
- Information in Braille
- Supported Employment
- Care Taker
- Adapted transportation services

Environmental Factors

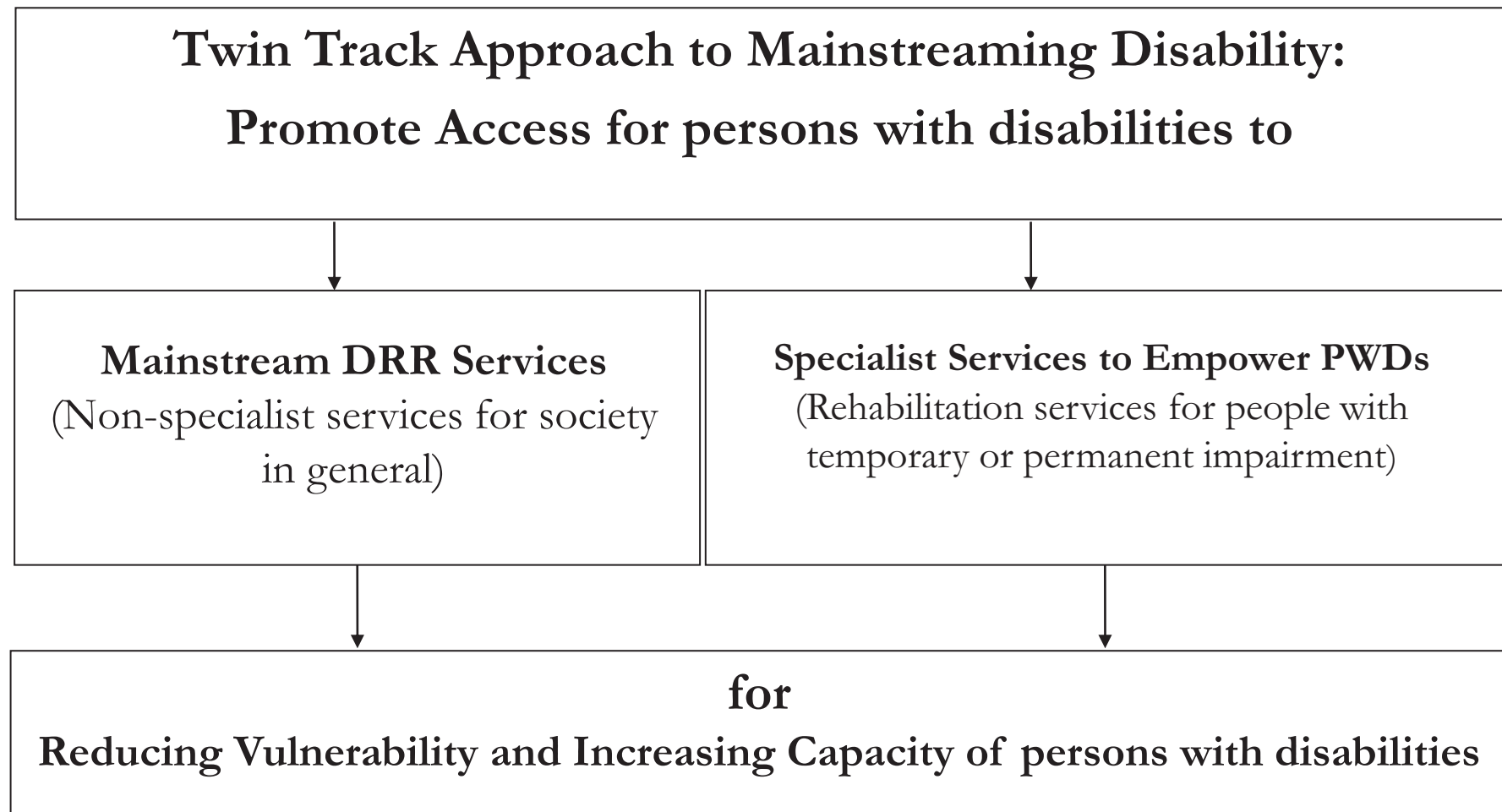
Inclusive Strategies

- Access to lifeline service (health, education etc.)
- Barrier free environment
- Positive community attitudes
- Inclusion in planning and decision making
- Livelihood, credit and employment opportunities
- Rights and social justice

For Equal Opportunities and Full Participation

Principle: As much inclusion approach as possible and specialized support as and when necessary

Effective approach to mainstream disabilities

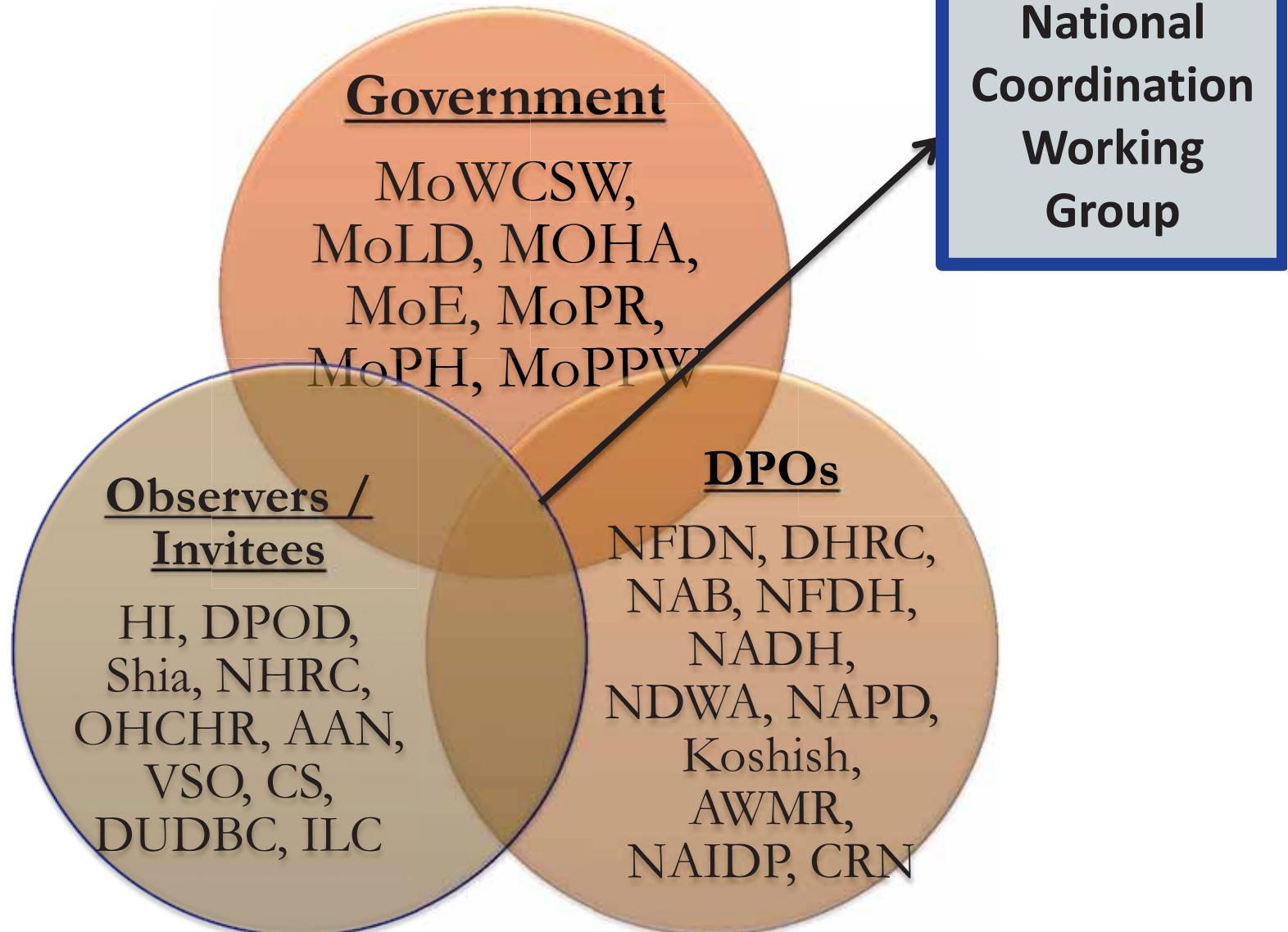


Mainstreaming model from ProVention consortium



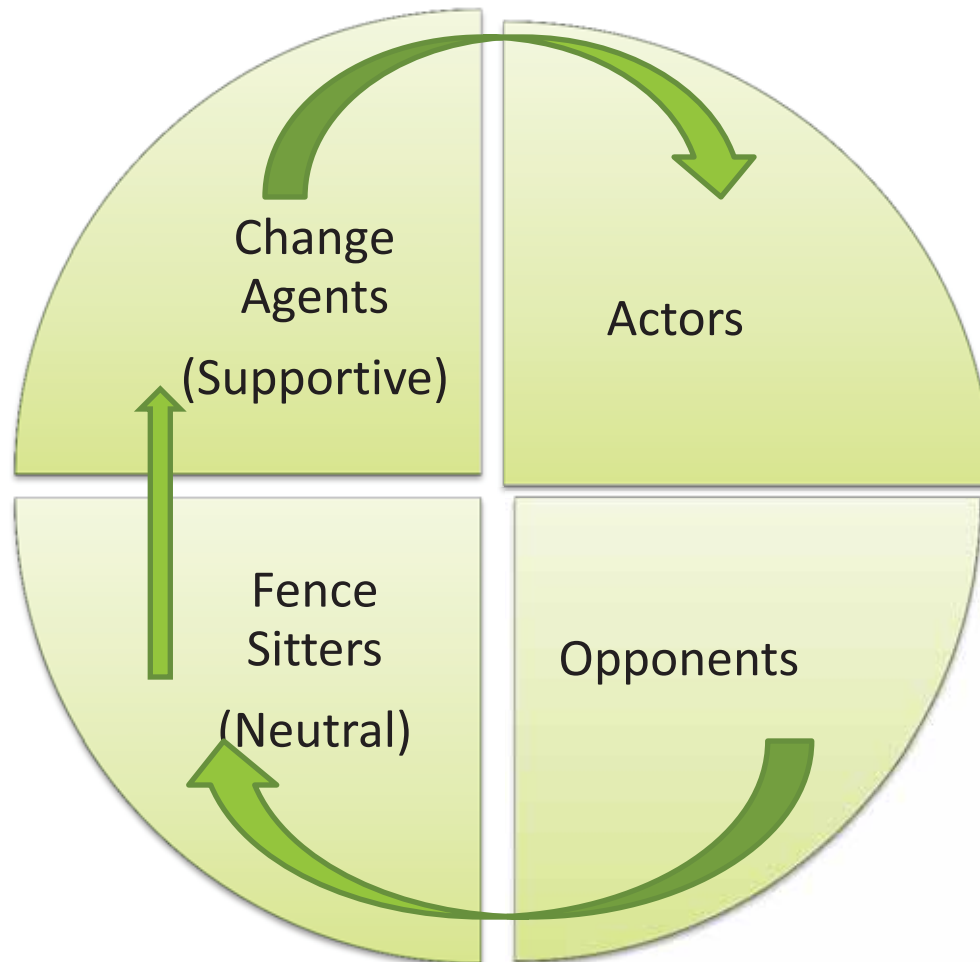


Evidenced based advocacy





What is Our role ?





At which level can disability be mainstreamed

Workplace mainstreaming

Creating an inclusive, barrier-free workplace where persons with disabilities can participate equally

Program mainstreaming

Programs and services are inclusive and accessible for persons with disabilities allowing them to benefit equally

**Mainstreaming
Disability**

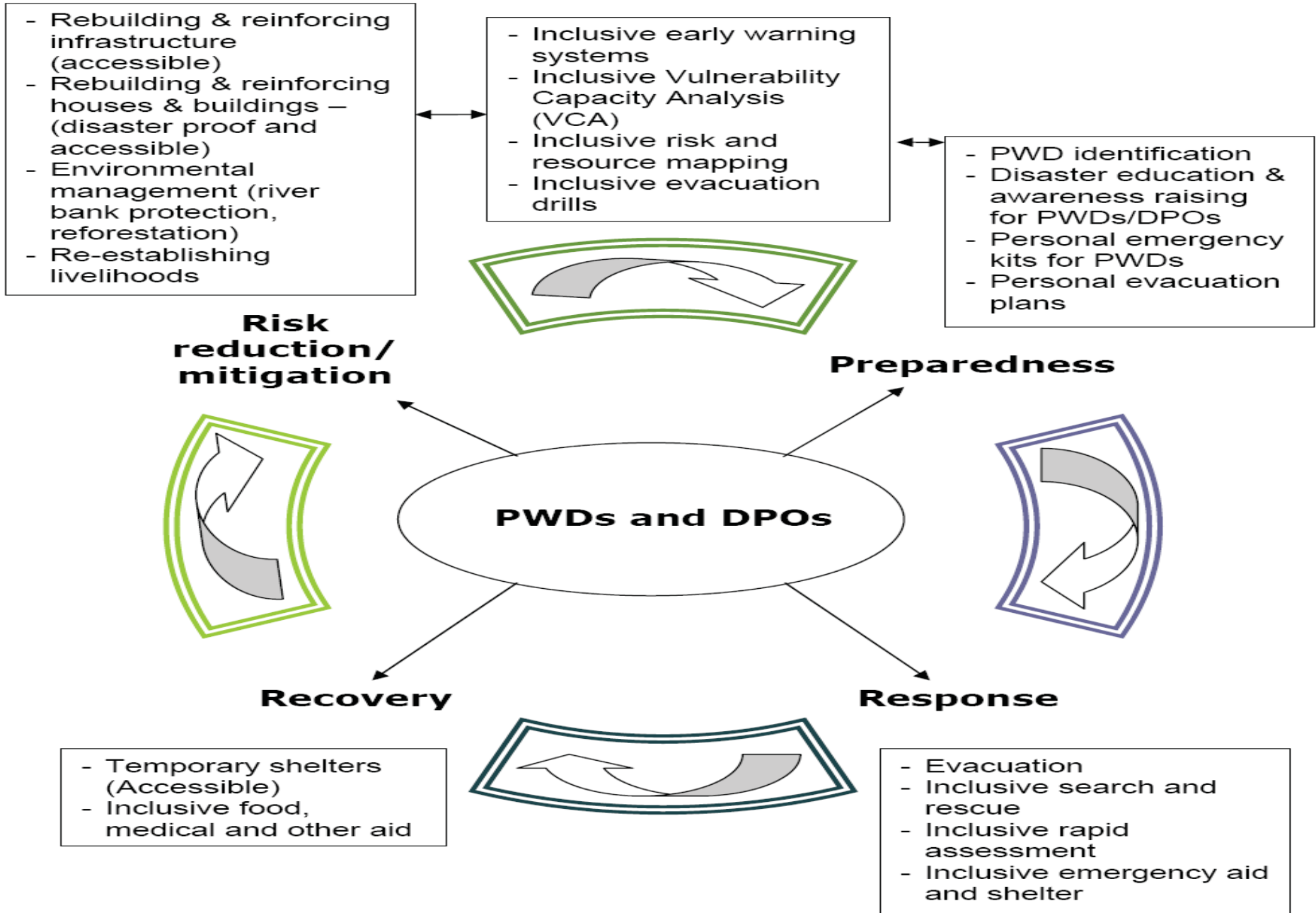
Policy mainstreaming

Inclusion of disability into policies and strategic instruments at national and international level to address institutional barriers that exclude them from equal participation

Mainstreaming in Development

Inclusion of disability and persons with disabilities into the general development agenda, programs and strategies to achieve inclusive development that benefits all

Disability Inclusive DRR

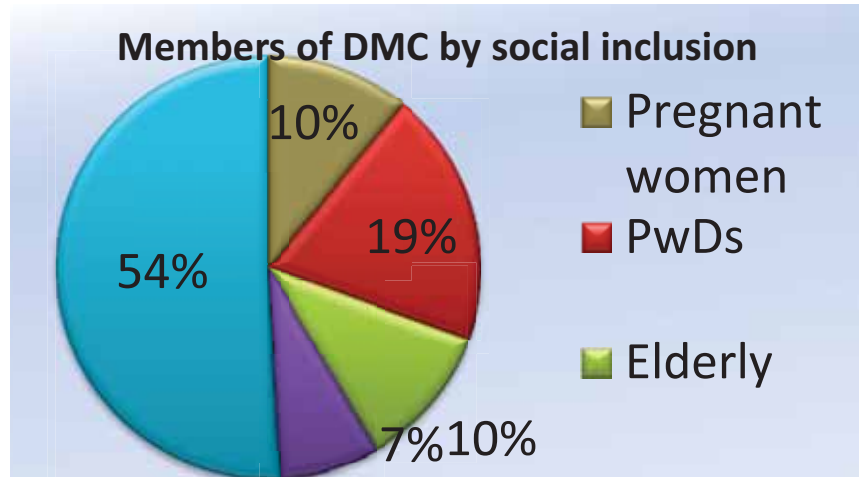
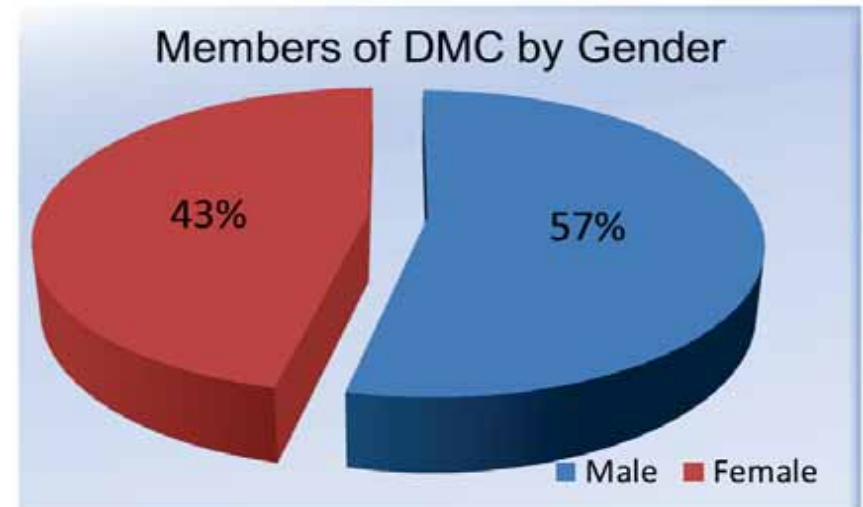




Some examples of replicable good practices

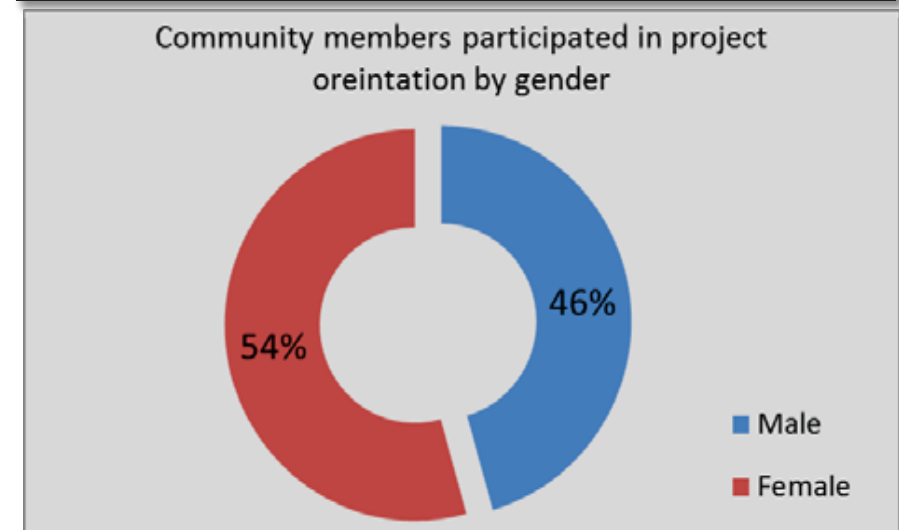
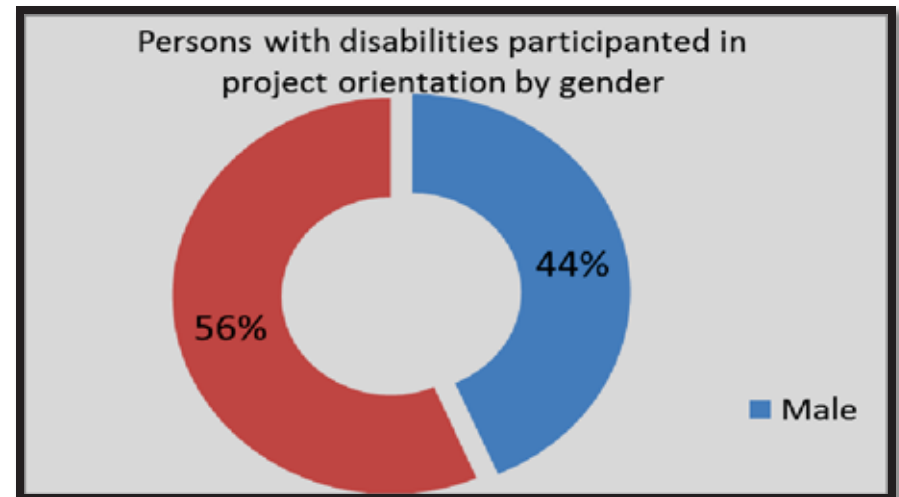
Composition of community DMC by gender and disabilities

- 15 inclusive community Disaster Management Committees in three working district namely, Dang, Kanchanpur and Dadeldhura.
- Out of 201 members of DMC, 43 per cent members are women and rest 57 per cent members are men.
- Meanwhile, 10 per cent members are pregnant women/ lactating mothers, 19 per cent members are persons with disabilities, 10 per cent members are elderly citizens, 7 per cent members are children.



Community members participated in inclusive CBDRM orientation by gender and disabilities

- Out of 526 community members participated in project orientation, 62 members **(24 %)** are **persons with disabilities**.
- Out of 62 persons with disabilities participated in inclusive CBDRM project orientation, **56 %** are **women with disabilities**.
- Out of 526 community members participated in inclusive CBDRM project orientation, 286 members **(54 %)** are **women**.

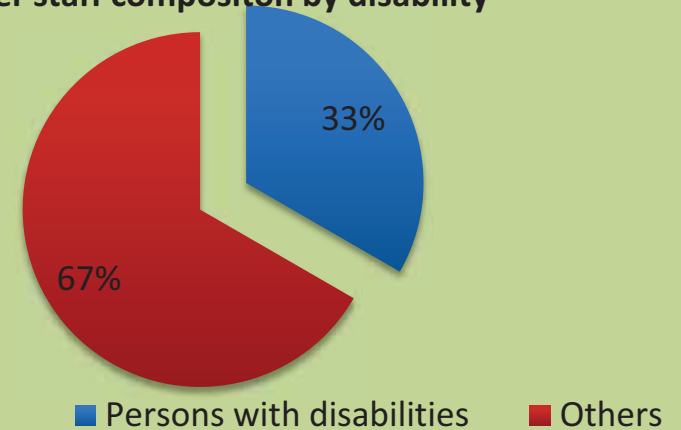




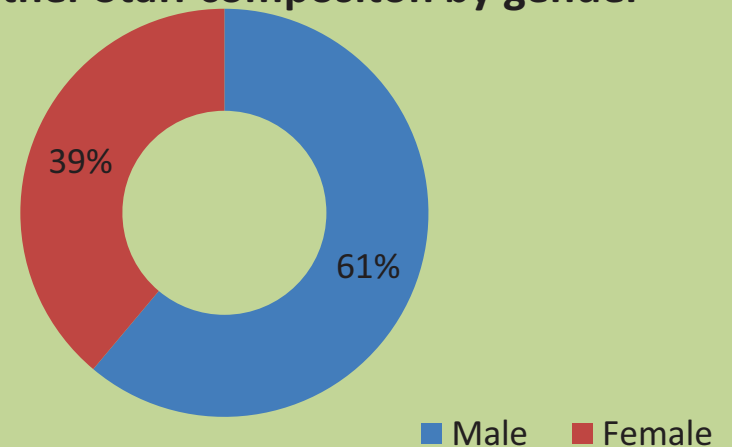
Composition of partner staff by disability and gender

- **33 %** of the partners staff **are persons with disability**, of which **50 % are women with disabilities** and 50 % are men with disabilities.
- Overall, **39 %** of the partner staff **are women** and 61 % of the partner staff are men.

Partner staff composition by disability

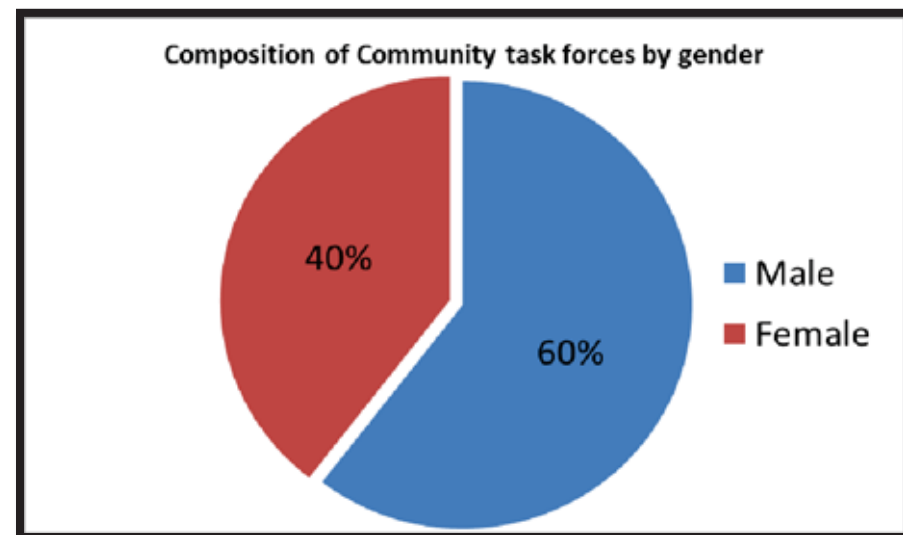


Partner Staff composition by gender



Composition of community level task forces by gender and disability

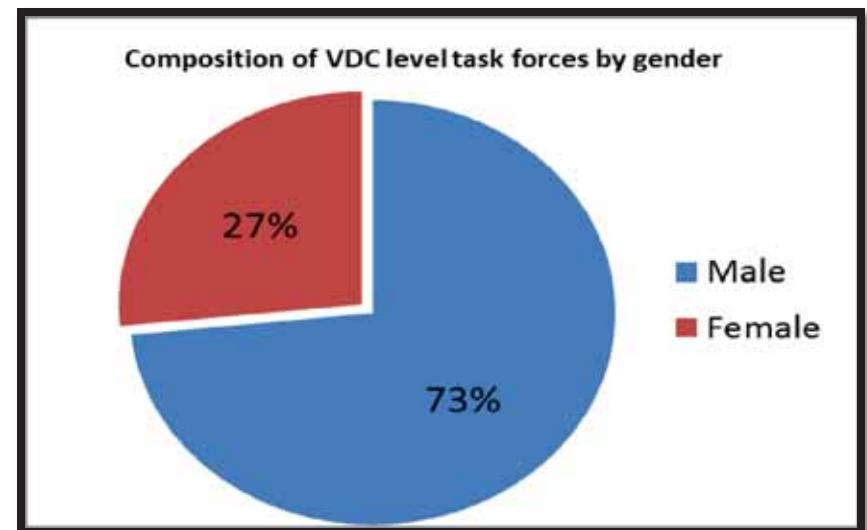
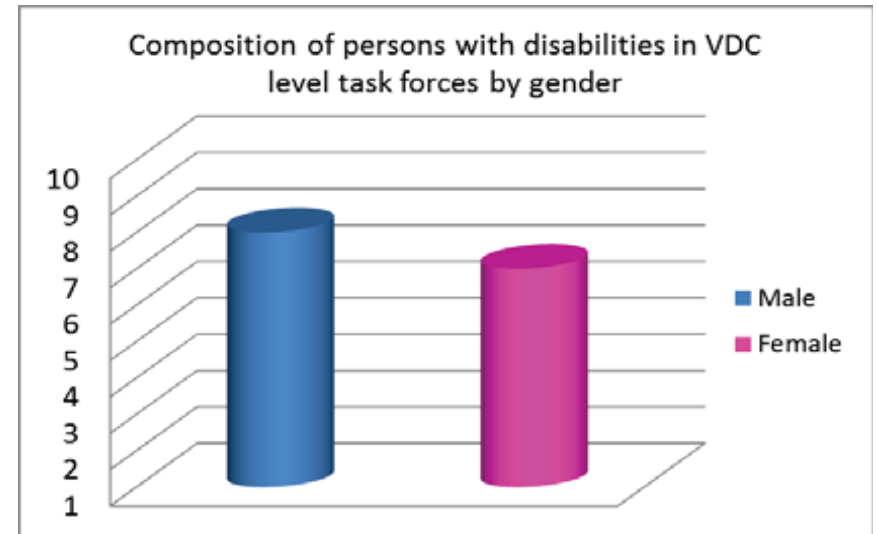
- Out of 410 community task force members (first aid, search and rescue and early warning system), 20 (5 %) are persons with disabilities
- Out of 20 members persons with disabilities of task force, 50 % are women.
- Out of 410 members of community task forces , 162 members (40 %) are women and 248 members (60 %) are men.





Composition of VDC level task forces by gender and disability

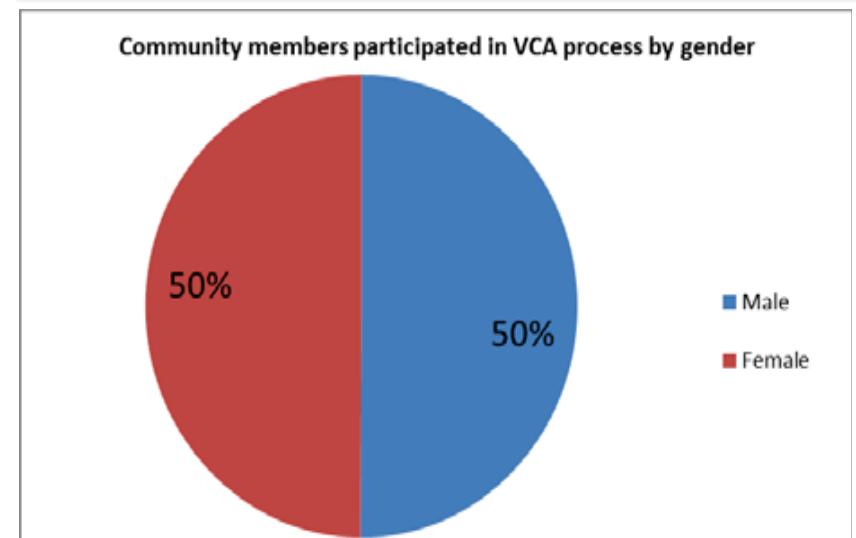
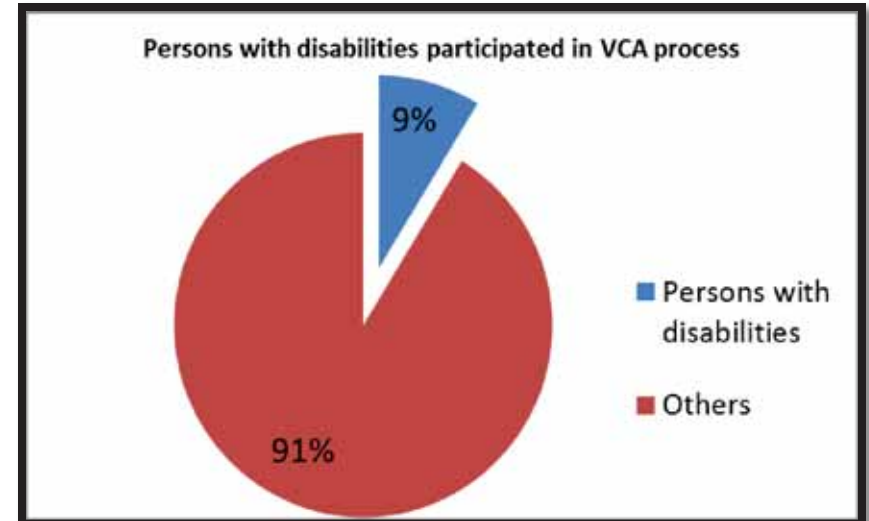
- Out of 368 VDC level task force members (first aid, search and rescue, Early Warning System, DNA and R & R and), 15 (4 %) **members are persons with disabilities.**
- Out of 15 members persons with disabilities of task force, **47 % are women with disabilities.**
- Out of 368 other members of task forces, 98 members (27 %) **are women** and 270 members (73 %) are men.





Participation of Gender and Disabilities in Vulnerability and Capacity Assessment Process

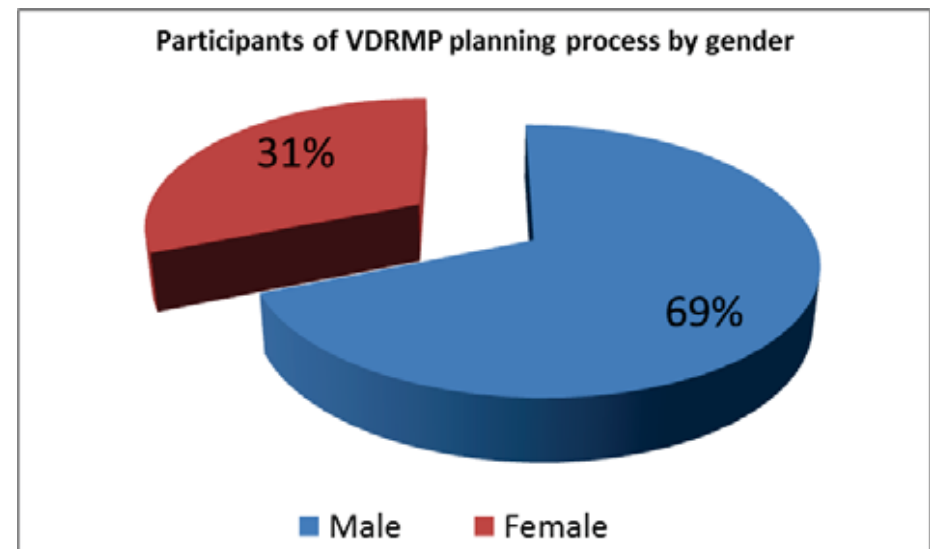
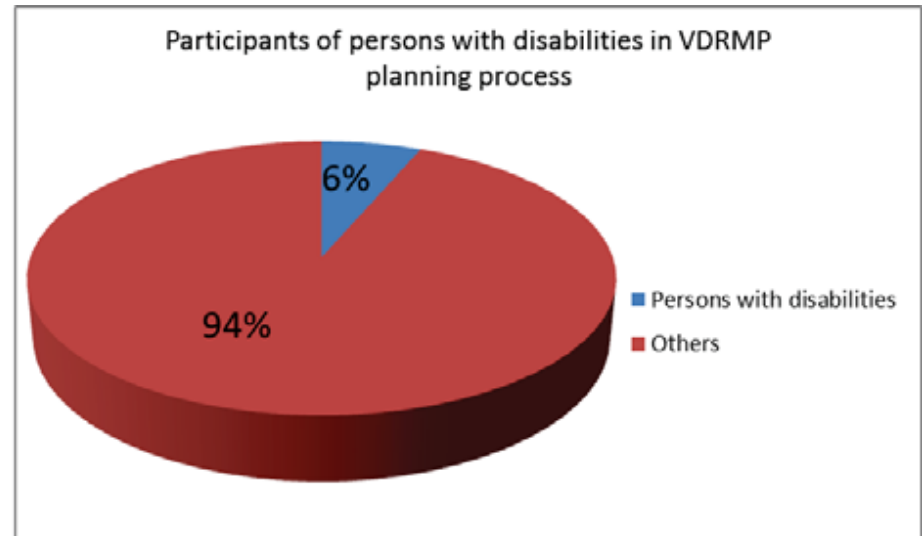
- Out of 665 community members participated in VCA process, 58 participants **(9%) are persons with disabilities**.
- Out of 58 persons with disabilities participated in VCA process, 32 participants **(55 %) are women with disabilities**.
- Out of 665 community members participated in VCA process, 332 participants **(50 %) are women**.





Gender and Disabilities participation in VDRMP Preparation Process

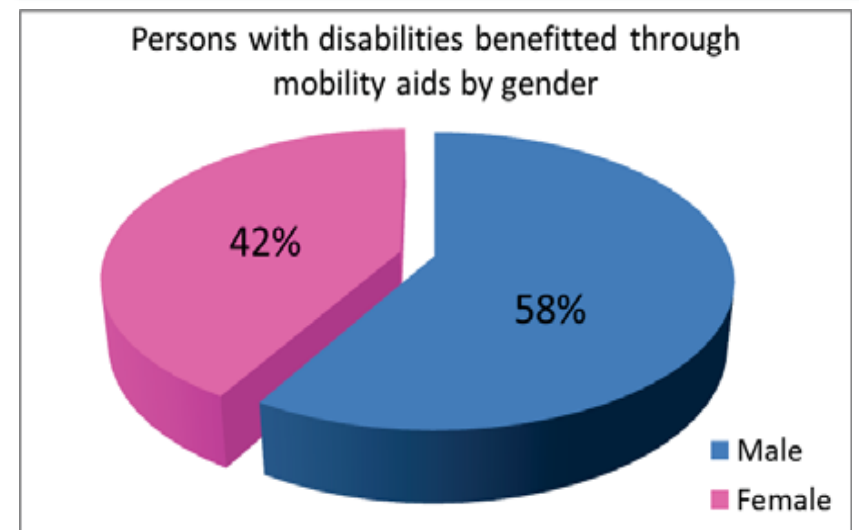
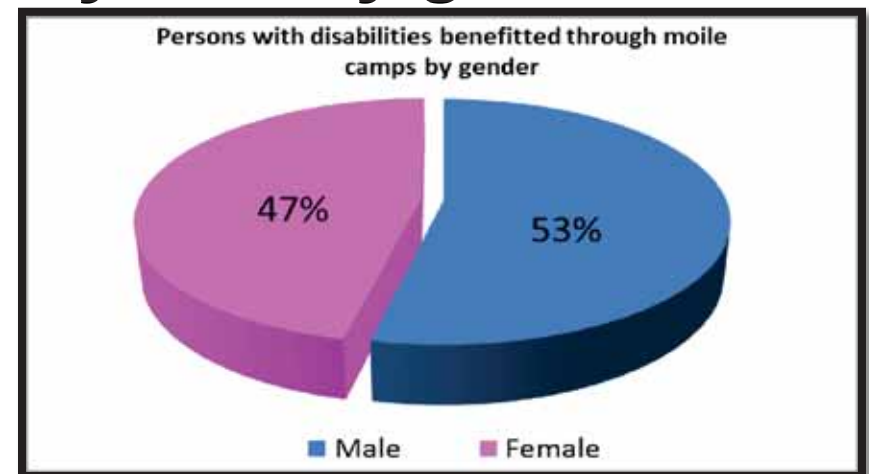
- Out of 472 participants of VDRMP planning process, 30 persons **(6 %)** are persons with disabilities.
- Out of 30 persons with disabilities, 12 participants **(40 %)** are women with disabilities.
- Out of 472 participants, 147 participants **(31 %)** are women and 325 participants (69 %) are men.





Persons with disabilities benefitted through mobile camps and mobility aids by gender

- ❖ Out of 881 persons with disabilities benefitted by mobile camps, 410 beneficiaries (47 %) are women with disabilities and 471 beneficiaries (53 %) are men with disabilities.
- ❖ Out of 202 persons with disabilities benefitted by mobility aids, 84 persons (42 %) are women with disabilities and 118 beneficiaries (58 %) are men with disabilities.



Operational synergy: complementing each others

Outcomes of collaboration HI and DIPECHO partners

Formation of Inclusive CDMCs /
VDMCs

Identification of persons with disabilities

Capacity building of DIPECHO partner
staff

Mobile camps (Screening and assistive
devices)

Inclusive LDRMP guideline preparation

Joint monitoring

EWS establishment

Outcomes of collaboration HI and government authorities

Selection of working VDCs

MoU with SWC / Pre- consensus with
DDC

Inclusive LDRMP guideline

Inclusive VDRMP preparation

Accessibility guideline preparation

Small Scale mitigation measures with the
technical support of DDCs

EWS establishment



Monitoring quality inclusion of persons with disabilities

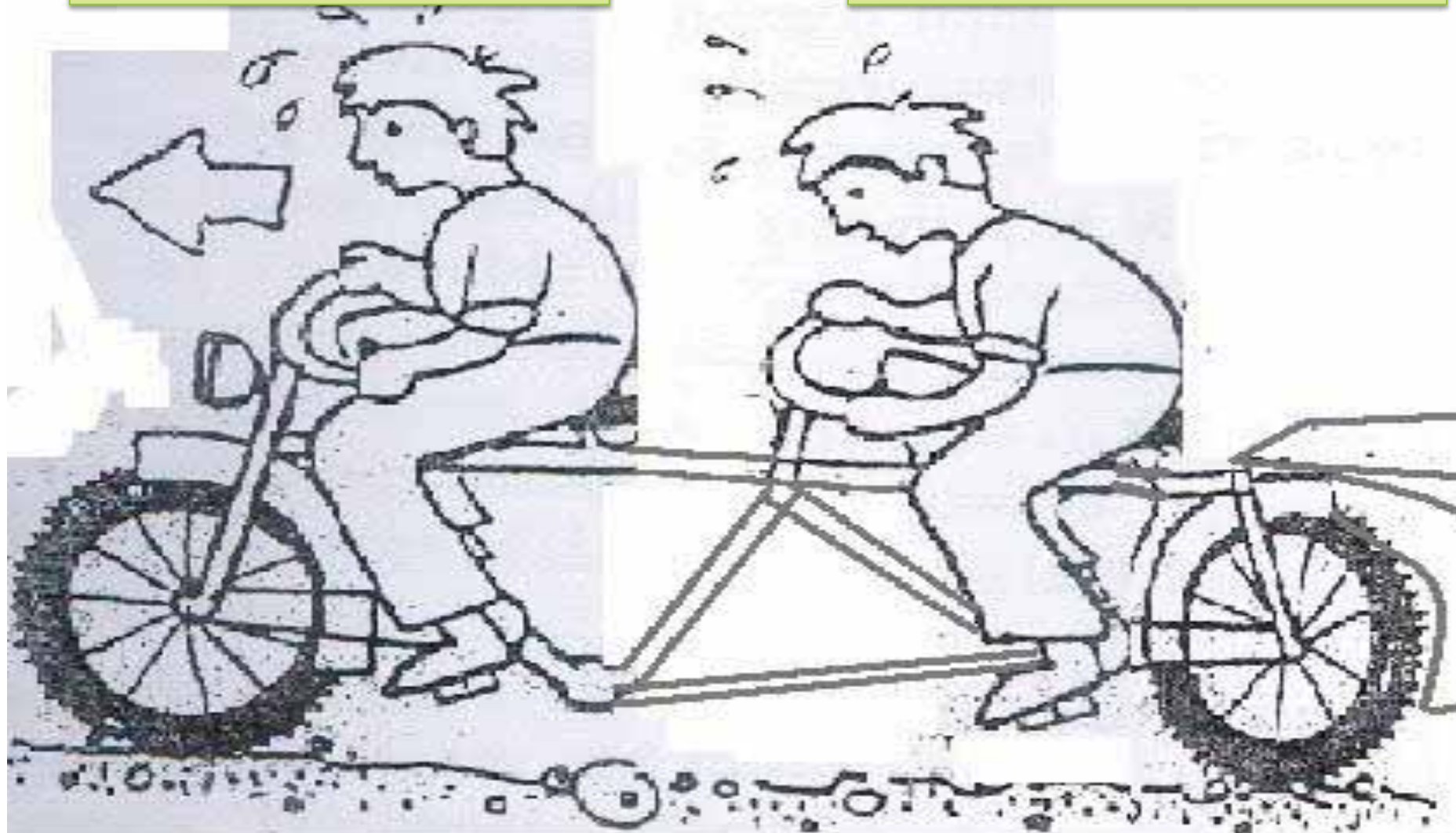
Parameters	Indicators
Access	Accessibility of physical structures, Equal access to service, to resources, to information
Communication	Two way communication, opportunity to communicate their needs / feelings, alternative forms of key information, modified communication tools, extra time.
Attitudes	Recognizing equal rights, changed attitudes to welcome, focus on the abilities and capacities, respectful language, success stories to empower them
Participation	Hold at least 10 % decision making position, they are consulted, informed, asked, valued.



Conclusion

Disability issues

Disaster Risk Management





THANK YOU !

Handicap International

Narayan Gopal Chowk, Sallaghari

POB 10179 Kathmandu, Nepal

Tel : ++977 (1) 4378482/4374609

Tel/Fax : ++977 (1) 4376983

Email : hinepal@hi-nepal.org

Website : www.handicap-international.org